

## **EXHIBIT D**

Artists Business Management Group, INC  
5950 Canoga Ave #417  
Woodland Hills, CA 91367

MACKENZIE THOMA

[REDACTED]

HOLLYWOOD, CA 90028

|||||||

**Artists Business Management Group, INC**  
**5950 Canoga Ave #417**  
**Woodland Hills, CA 91367**  
**818-719-6541**

May 18, 2023

**CONFIDENTIAL**

MACKENZIE THOMA

[REDACTED]  
HOLLYWOOD, CA 90028

Dear KENZIE:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)  
California Resident Income Tax Return (Form 540)  
California LLC Return of Income (Form 568) - LOLA MARCH LLC

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Artists Business Management Group, INC  
5973 Avenida Encinas, Suite 200  
Carlsbad, CA 92008

We are pleased to offer our clients the convenience of electronically signing their e-file forms. By utilizing this service, there is no need to mail in a hard copy, saving time and reducing paperwork.

**Important:** Your returns will not be filed with the taxing agencies until the signed e-file Signature Authorization forms and payment for services is received by this office.

**SCHEDULE C**

(Form 1040)

**Profit or Loss from Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **09**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/ScheduleC](https://www.irs.gov/ScheduleC) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

**MACKENZIE THOMA**

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions**MODEL****711510****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**LOLA MARCH LLC****E** Business address (including suite or room no.)

City, town or post office, state, and ZIP code

**HOLLYWOOD****CA 90028****F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)**G** Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2022, check here**I** Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions☐ Yes ☒ No**J** If "Yes," did you or will you file required Form(s) 1099?☐ Yes ☐ No**Part I Income****1** Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐**1****2** Returns and allowances**2****3** Subtract line 2 from line 1**3****4** Cost of goods sold (from line 42)**4****5** Gross profit. Subtract line 4 from line 3**5****6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)**6****7** Gross income. Add lines 5 and 6**7****Part II Expenses. Enter expenses for business use of your home only on line 30.****8** Advertising**8****9** Car and truck expenses**9**

(see instructions)

**10** Commissions and fees**10****11** Contract labor (see instructions)**11****12** Depletion**12****13** Depreciation and section 179 expense deduction (not included in Part III) (see instructions)**13****14** Employee benefit programs (other than on line 19)**14****15** Insurance (other than health)**15****16** Interest (see instructions):**a** Mortgage (paid to banks, etc.)**16a****b** Other**16b****17** Legal and professional services**17****18** Office expense (see instructions)**18****19** Pension and profit-sharing plans**19****20** Rent or lease (see instructions):**a** Vehicles, machinery, and equipment**20a****b** Other business property**20b****21** Repairs and maintenance**21****22** Supplies (not included in Part III)**22****23** Taxes and licenses**23****24** Travel and meals:**a** Travel**24a****b** Deductible meals (see instructions)**24b****25** Utilities**25****26** Wages (less employment credits)**26****27a** Other expenses (from line 48)**27a****b** Reserved for future use**27b****28** Total expenses before expenses for business use of home. Add lines 8 through 27a**28****29** Tentative profit or (loss). Subtract line 28 from line 7**29****30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.**Simplified method filers only:** Enter the total square footage of (a) your home:

and (b) the part of your home used for business: Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

**30****31** Net profit or (loss). Subtract line 30 from line 29.• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you must go to line 32.

**32** If you have a loss, check the box that describes your investment in this activity. See instructions.• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.• If you checked 32b, you must attach **Form 6198**. Your loss may be limited.**32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

**MACKENZIE THOMA**

Schedule C (Form 1040) 2022

## MODEL

Page 2

<b>Part III</b>	<b>Cost of Goods Sold</b> (see instructions)
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33 Method(s) used to value closing inventory:    **a** ☐ Cost    **b** ☐ Lower of cost or market    **c** ☐ Other (attach explanation)

**34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?

If "Yes," attach explanation

☐ Yes☐ No

**35** Inventory at beginning of year. If different from last year's closing inventory, attach explanation.

35

**36** Purchases less cost of items withdrawn for personal use

36

**37** Cost of labor. Do not include any amounts paid to yourself.

37

## 38 Materials and supplies

38

**39** Other costs

39

**40** Add lines 35 through 39

40

**41** Inventory at end of year

41

**42 Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4

42

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month/day/year)

**44** Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

**a** Business                      **b** Commuting (see instructions)                      **c** Other

**45** Was your vehicle available for personal use during off-duty hours?

☐ Yes☐ No

**46** Do you (or your spouse) have another vehicle available for personal use?

☐ Yes☐ No

**47a** Do you have evidence to support your deduction?

☐ Yes☐ No

**b** If "Yes," is the evidence written?

☐ Yes

No

<b>Part V</b>	<b>Other Expenses.</b> List below business expenses not included on lines 8-26 or line 30.
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**48 Total other expenses.** Enter here and on line 27a

48

**SCHEDULE SE**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Self-Employment Tax**Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2022**Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person  
with self-employment income**MACKENZIE THOMA****Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A**
- If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of
- other**
- net earnings from self-employment, check here and continue with Part I
- ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a**
- Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

**1a**

- b**
- If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH

**1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2**
- Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

**2**

- 3**
- Combine lines 1a, 1b, and 2

**3**

- 4a**
- If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

**4a****Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b**
- If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

**4b**

- c**
- Combine lines 4a and 4b. If less than \$400,
- stop**
- ; you don't owe self-employment tax.
- Exception:**
- If less than \$400 and you had
- church employee income**
- , enter -0- and continue

**4c**

- 5a**
- Enter your
- church employee income**
- from Form W-2. See instructions for definition of church employee income

**5a**

- b**
- Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

**5b**

- 6**
- Add lines 4c and 5b

**6**

- 7**
- Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2022

**7**

- 8a**
- Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$147,000 or more, skip lines 8b through 10, and go to line 11

**8a**

- b**
- Unreported tips subject to social security tax from Form 4137, line 10

**8b**

- c**
- Wages subject to social security tax from Form 8919, line 10

**8c**

- d**
- Add lines 8a, 8b, and 8c

**8d**

- 9**
- Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

**9**

- 10**
- Multiply the
- smaller**
- of line 6 or line 9 by 12.4% (0.124)

**10**

- 11**
- Multiply line 6 by 2.9% (0.029)

**11**

- 12**
- Self-employment tax.**
- Add lines 10 and 11. Enter here and on
- Schedule 2 (Form 1040), line 4**

**12**

- 13**
- Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15****13****Part II Optional Methods To Figure Net Earnings (see instructions)****Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$9,060, or (b) your net farm profits<sup>2</sup> were less than \$6,540.

- 14**
- Maximum income for optional methods

**14**

- 15**
- Enter the
- smaller**
- of: two-thirds (
- <sup>2</sup>
- /
- <sub>3</sub>
- ) of gross farm income
- <sup>1</sup>
- (not less than zero) or \$6,040. Also include this amount on line 4b above

**15****Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$6,540 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

- 16**
- Subtract line 15 from line 14

**16**

- 17**
- Enter the
- smaller**
- of: two-thirds (
- <sup>2</sup>
- /
- <sub>3</sub>
- ) of gross nonfarm income
- <sup>4</sup>
- (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

**17**<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Schedule <b>C</b>	<b>Qualified Business Income Calculation Worksheet</b>	<b>2022</b>
Name <b>MACKENZIE THOMA</b>		Taxpayer Identification Number [REDACTED]
Principle business or profession <b>MODEL</b>		Form/Schedule <b>C</b> Unit <b>1</b>

1. Schedule C, Line 31, Net profit or (loss) .....	1.	
Additions for qualified business income:		
2. Form 4797, Ordinary income .....	2.	
Prior suspended losses utilized this year .....		
3. Passive suspended losses .....	3.	
4. At-Risk suspended losses .....	4.	
5. Section 179 carryover .....	5.	
6. Total additions to net profit or (loss). Add lines 2 through 5. ....	6.	
Subtractions for qualified business income		
7. Form 4797, Ordinary loss (includes share of Net section 1231 losses) .....	7.	
8. Deductible portion of self-employment taxes .....	8.	
9. Self-employed SEP, SIMPLE, and qualified plans .....	9.	
10. Self-employed health insurance deduction .....	10.	
11. Reserved .....	11.	
12. Reserved .....	12.	
13. Total subtraction to net profit or (loss). Add lines 7 through 12. ....	13.	
14. Qualified business income for this activity. Line 1 plus line 6 less line 13. ....	14.	

	Beginning of Year			End of Year		QBI Portion of Allowed Losses
	Pre -2018 (A)	After 2017 (B)	Allowed loss (C)	Pre -2018 (D)	After 2017 (E)	
<b>Carryovers:</b>						
Passive activity:						
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179						
Section 179 - COGS						
Other:						
Section 179						
Section 179 - COGS						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward \_\_\_\_\_

Form <b>1040</b>	<b>Net Earnings from Self-Employment Worksheet</b>	<b>2022</b>
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Name <b>MACKENZIE THOMA</b>	Taxpayer Identification Number <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
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	Taxpayer	Spouse
<b>Farm profit or (loss)</b>		
Schedule F .....		
Farm Partnerships - Schedule K-1, box 14, code A .....		
Auto expense from farm partnerships .....	( )	( )
Amortization from farm partnerships .....	( )	( )
Depreciation & Section 179 from farm partnerships .....	( )	( )
Depletion from farm partnerships .....	( )	( )
Other expenses from farm partnerships .....	( )	( )
Home office expenses from farm partnerships .....	( )	( )
Unreimbursed partnership expenses from farm partnerships .....	( )	( )
Debt financed acquisition interest from farm partnerships .....	( )	( )
Farm adjustment to SE Income .....		
<b>Net farm profit or (loss) - Schedule SE line 1a</b>	0	0
<b>Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b</b>		
	( ) 0	( ) 0
<b>Nonfarm profit or (loss)</b>		
Schedule C (excluding minister Schedule C income reported below) .....	[REDACTED]	
Nonfarm partnerships - Schedule K-1, box 14, code A .....		
Auto expense from nonfarm partnerships .....	( )	( )
Amortization from nonfarm partnerships .....	( )	( )
Depreciation & section 179 from nonfarm partnerships .....	( )	( )
Depletion from nonfarm partnerships .....	( )	( )
Other expenses from nonfarm partnerships .....	( )	( )
Home office expenses from nonfarm partnerships .....	( )	( )
Unreimbursed partnership expenses from nonfarm partnerships .....	( )	( )
Debt financed acquisition interest from nonfarm partnerships .....	( )	( )
Nonfarm adjustment to SE income .....		
Self-employment income reported as other income .....		
Self-employment income from contracts and straddles .....		
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7) .....		
<b>Net nonfarm profit or (loss) - Schedule SE line 2</b>	[REDACTED]	[REDACTED]
<b>Other income items subject to and/or exempt from self-employment tax</b>		
Fees received for services performed as a notary public .....	( )	( )
Earnings while debtor in a chapter 11 bankruptcy case .....		
Taxable community property income/-loss .....		
Exempt community property income/-loss .....	( )	( )
<b>Net adjustment included on Schedule SE, line 3</b>	[REDACTED]	[REDACTED]
<b>Net profit (loss) from self-employment activities - Schedule SE line 3</b>	[REDACTED]	0
<b>Church employee income - Schedule SE, Page 1 line 5a</b>		

Form <b>1040</b>	<b>Self-Employed Health Insurance Deduction Worksheet</b>	<b>2022</b>
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Name of person with **self-employment** income (as shown on Form 1040, 1040-SR, or 1040-NR)**MACKENZIE THOMA**

Taxpayer Identification Number

<b>Description</b> <u><b>MODEL</b></u>	<b>Form/Schedule</b> <u><b>C</b></u>	<b>Unit number</b> <u><b>1</b></u>
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1. Enter the total amount paid in 2022 for health insurance coverage established under your business (or the S-corporation in which you were a more-than-2% shareholder) for 2022 for you, your spouse, and your dependents. Your insurance also can cover your child who was under age 27 at the end of 2022, even if the child was not your dependent. But **do not** include the following.

- Amounts for any month you were eligible to participate in a health plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2022.
- Any amounts paid from retirement plan distributions that were nontaxable because you are a retired public safety officer.
- Any payments for qualified long-term care insurance (see line 2)

1.

2. For coverage under a qualified long-term care insurance contract, enter for each person covered the **smaller** of the following amounts.

- a) Total payments made for that person during the year.
- b) The amount shown below. Use the person's age at the end of the tax year.
  - \$450 ----if that person is age 40 or younger
  - \$850 ----if age 41 to 50
  - \$1690 ----if age 51 to 60
  - \$4510 ----if age 61 to 70
  - \$5640 ----if age 71 or older

The amount of long-term care premiums that can be included as a medical expense is limited by the person's age. **Don't** include payments for any month you were eligible to participate in a long-term care insurance plan subsidized by your or your spouse's employer or the employer of either your dependent or your child who was under the age of 27 at the end of 2022. If more than one person is covered, figure separately the amount to enter for each person. Then enter the total of those amounts

2.

3. Add lines 1 and 2

3.

4. Enter your net profit\* and any other earned income from the trade or business under which the insurance plan is established. Don't include Conservation Reserve Program payments exempt from self-employment tax. If the business is an S Corporation, skip to line 11

4.

5. Enter the total of all net profits\* from: Schedule C, line 31; Schedule F, line 34; or Sch K-1 (1065), box 14, Code A; plus any other income allocable to the profitable businesses. Don't include Conservation Reserve Program payments exempt from self-employment tax. **Don't** include any net losses shown on these schedules.

5.

6. Divide line 4 by line 5

6.

7. Multiply Schedule 1, line 15 by the percentage on line 6

7.

8. Subtract line 7 from line 4

8.

9. Enter the amount, if any, from Schedule 1, line 16 attributable to the same trade or business in which the health insurance plan is established

9.

10. Subtract line 9 from line 8

10.

11. Enter your Medicare wages (Form W-2, box 5) from an S corporation in which you are a more-than-2% shareholder and in which the health insurance plan is established

11.

12. Enter the amount from Form 2555, line 45, attributable to the amount entered on line 4 or 11 above

12.

13. Subtract line 12 from line 10 or 11, whichever applies

13.

14. Self-employed health insurance deduction. Enter the **smaller** of line 3 or line 13 here and on Schedule 1, line 17 **Don't** include this amount in figuring any medical expense deduction on Schedule A

14.

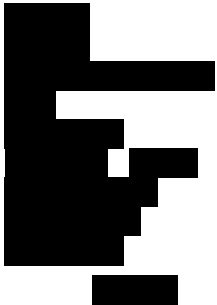



\* If you used either optional method to figure your net earnings from self-employment from any business, do not enter your net profit from the business. Instead, enter the amount attributable to that business from Schedule SE (Form 1040), Part I, line 4b.

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## Federal Statements

MODEL

### Schedule C, Line 1 - Gross Receipts or Sales

Description	Amount
	\$ 
	

Form	<b>1040</b>	<b>Salaries &amp; Wages Report</b>	<b>2022</b>
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Name **MACKENZIE THOMA** Taxpayer Identification Number [REDACTED]

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
<b>Taxpayer Spouse Totals</b>		<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>

T/S	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
<b>Taxpayer Spouse Totals</b>							
	<b>54</b>	<b>872</b>	<b>13</b>				

T/S	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>		
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
<b>Taxpayer Spouse Totals</b>						
		<span style="background-color: black; color: black;">[REDACTED]</span>	<span style="background-color: black; color: black;">[REDACTED]</span>			